Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Colorectal cancer screening: percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31.

Source(s)

American Gastroenterological Association (AGA). Age appropriate screening colonoscopy. Bethesda (MD): American Gastroenterological Association (AGA); 2015 Nov 17. 6 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31.

Rationale

The benefit of colorectal cancer screening for an individual patient is dependent on that patient's life expectancy and probability of harm from colonoscopy. Individuals over age 85 have an average life expectancy of less than 5 years (Cho et al., 2013) and are at increased risk for colonoscopy-related complications (Warren et al., 2009).

The population of individuals 85 years and older is projected to double by 2050, hence, the clinical and economic effects of inappropriate performance of colorectal cancer screening in this age group can be expected to increase in the coming decade (Goodwin et al., 2011).

Clinical Recommendation Statements:

The U.S. Preventive Services Task Force (USPSTF) (2008) recommends three screening regimens for individuals 50 to 75 years of age with average risk:

- Annual high-sensitivity fecal occult blood tests (FOBT)
- Sigmoidoscopy every 5 years, combined with high-sensitivity fecal occult blood testing every 3 years
- Optical colonoscopy every 10 years

For individuals from 76 to 85 years of age, the Task Force recommends against routine performance of screening unless individuals have not been previously screened, in which case it should be considered in the context of health status and competing risks for each individual (USPSTF, 2008).

For individuals older than 85 years, the Task Force recommends against screening when comparing overall benefits to harms (USPSTF, 2008). The Task Force based these recommendations on a systematic review of the literature, supplemented with modeling data (USPSTF, 2008; Physician Data Query [PDQ] Screening and Prevention Editorial Board, 2002; Cummings & Cooper, 2011).

For this subgroup, the Task Force concluded that the utility of screening is limited, given the time it takes for a polyp to develop into a clinically observable malignancy (10 to 26 years) (USPSTF, 2008; PDQ Screening and Prevention Editorial Board, 2002; Cummings & Cooper, 2011).

Moreover, individuals older than 85 are likely to have multiple comorbidities that influence any potential life-year gain (USPSTF, 2008; PDQ Screening and Prevention Editorial Board, 2002; Cummings & Cooper, 2011). They are also at increased risk of suffering from adverse events related to performance of a colonoscopy, with the rate of adverse events being 2.8 per 1,000 procedures and increased by seven-fold if a polypectomy is performed (USPSTF, 2008; Joseph et al., 2012; PDQ Screening and Prevention Editorial Board, 2002).

Evidence for Rationale

American Gastroenterological Association (AGA). Age appropriate screening colonoscopy. Bethesda (MD): American Gastroenterological Association (AGA); 2015 Nov 17. 6 p.

Cho H, Klabunde CN, Yabroff KR, Wang Z, Meekins A, Lansdorp-Vogelaar I, Mariotto AB. Comorbidity-adjusted life expectancy: a new tool to inform recommendations for optimal screening strategies. Ann Intern Med. 2013 Nov 19;159(10):667-76. PubMed

Cummings LC, Cooper GS. Colorectal cancer screening: update for 2011. Semin Oncol. 2011 Aug;38(4):483-9.

Goodwin JS, Singh A, Reddy N, Riall TS, Kuo YF. Overuse of screening colonoscopy in the Medicare population. Arch Intern Med. 2011 Aug 8;171(15):1335-43. PubMed

Joseph DA, King JB, Miller JW, Richardson LC, Centers for Disease Control and Prevention (CDC). Prevalence of colorectal cancer screening among adults--Behavioral Risk Factor Surveillance System, United States, 2010. MMWR Suppl. 2012 Jun 15;61(2):51-6. PubMed

PDQ Screening and Prevention Editorial Board. Colorectal cancer prevention (PDQÂ©): health professional version. In: PDQ cancer information summaries [internet]. Bethesda (MD): National Cancer Institute; 2002 [accessed 2016 Feb 11].

U.S. Preventive Services Task Force (USPSTF). Final recommendation statement: colorectal cancer: screening. Rockville (MD): U.S. Preventive Services Task Force (USPSTF); 2008 Oct.

Warren JL, Klabunde CN, Mariotto AB, Meekins A, Topor M, Brown ML, Ransohoff DF. Adverse events after outpatient colonoscopy in the Medicare population. Ann Intern Med. 2009 Jun 16;150(12):849-57.

Primary Health Components

Colorectal cancer; screening; colonoscopy; elderly

Denominator Description

Colonoscopy examinations performed on patients greater than 85 years of age during the encounter period (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

All patients greater than 85 years of age included in the denominator who did NOT have a history of colorectal cancer or a valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal findings of gastrointestinal tract, or changes in bowel habits. Colonoscopy examinations performed for screening purposes only.

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

This measure has not been tested.

Evidence for Extent of Measure Testing

Godzina D. (Manager, Measure Development, American Gastroenterological Association, Bethesda, MD). Personal communication. 2016 Jun 7. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than 85 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The encounter period (January 1 to December 31)

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Diagnostic Evaluation

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Colonoscopy examinations performed on patients greater than 85 years of age during the encounter period

Denominator Criteria (Eligible Cases):

All patients greater than 85 years of age on date of encounter receiving a colonoscopy for screening purposes only

AND

Patient encounter during the reporting period (refer to the original measure documentation for Current Procedural Terminology [CPT] or Healthcare Common Procedure Coding System [HCPCS] codes)

Note: Clinicians who indicate that the colonoscopy procedure is incomplete or was discontinued should use the procedure number and the addition (as appropriate) of modifier 52, 53, 73, or 74. Patients who have a coded colonoscopy procedure that has a modifier 52, 53, 73, or

74 will not qualify for inclusion in this measure.

Exclusions
None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
All patients greater than 85 years of age included in the denominator who did NOT have a history of colorectal cancer or a valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal findings of gastrointestinal tract, or changes in bowel habits. Colonoscopy examinations performed for screening purposes only.

Note:

> This measure is to be reported each time a colonoscopy is performed for all patients during the reporting period. There is no diagnosis associated with this measure.
> Inverse Measure: A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control, and therefore an inverse measure at 100% does not qualify for reporting purposes, however any reporting rate less than 100% does qualify.

Exclusions
None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

2016 Registry Individual Measure Flow, PQRS #439: Age Appropriate Screening Colonoscopy

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Age appropriate screening colonoscopy.

Measure Collection Name

Colorectal Cancer Screening

Submitter

American Gastroenterological Association - Medical Specialty Society

Developer

American College of Gastroenterology - Medical Specialty Society

American Gastroenterological Association - Medical Specialty Society

American Society of Gastrointestinal Endoscopy - Medical Specialty Society

Funding Source(s)

None

Composition of the Group that Developed the Measure

Physician experts

Financial Disclosures/Other Potential Conflicts of Interest

None

Core Quality Measures

Gastroenterology

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Nov

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

January 2017

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in February 2017.

Measure Availability

Source not available electronically.

For more information, contact the American Gastroenterological Association (AGA) at 4930 Del Ray Avenue, Bethesda, MD 20814; Phone: 301-654-2055; Fax: 301-654-5920; E-mail: measures@gastro.org; Web site: www.gastro.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 6, 2016. The information was verified by the measure developer on June 7, 2016.

The information was reaffirmed by the measure developer on February 6, 2017.

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Production

Source(s)

American Gastroenterological Association (AGA). Age appropriate screening colonoscopy. Bethesda (MD): American Gastroenterological Association (AGA); 2015 Nov 17. 6 p.

Disclaimer

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